STATEMENT OF

RECEIVE -7012 NOV 15 AM 11: 28

FORM 1	ORGANIZATION							MAII Use Only			
1. NAME OF COMMITTEE (in	n full)		neck if name changed)		ample:If typing, ter the lines.	type	12FE4	м5			
MASSACH	USE	TS RE	PUBL	ICAN	EXECU	ITIVE	BOA	RD	111		لـــــا
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ADDRESS (number a	nd street)	P. O.	BOX (6731	3		44-4-		اللل		لــا
(Check if address is changed)		POM	PANO	BEAG	CH		FL	330	66	_ <u></u>	لب
				CITY			STATE		ZIP C	ODE	
COMMITTEE'S E-MA	address	· · · - · · ·			ddress) ecutiveE	Board	İş@gı	nail.c	om		لب
COMMITTEE'S WEE	B PAGE ADI	DRESS (URL	.)								
(Check if address is changed)				<u> </u>		<u> </u>		 			
2. DATE 111		" ′ ŽO "	12 [*] c								
4. IS THIS STATE	MENT X	NEW (I	N) OF	· [AMENDE	D (A)					
I certify that I have of Type or Print Name		PFT	and to the			belief it i	is true, cor	rect and co	omplete.		
Signature of Treasur	er	Kelers	so d	usp			Date	i1°′′	10° ′	Ž0 1	Ž
NOTE: Submission of					bject the person				nalties of	2 U.S.C.	§437g.
Office Use Only				-	For further Infor Federal Election Toll Free 800-424 Local 202-694-11	Commissio 4-9530			EC FO		